**2015 Supportive Housing Institute Application**

### Please provide contact information for each member of your development team for this project. Institute teams must consist of at minimum a supportive service provider partner, a housing developer/owner partner, and a property management partner. Submit one application per team. If the applicant has not yet identified all its team members, the applicant must agree to work with CSH to identify these partners. Teams will be limited to 7 participants. Each team must identify a team leader who will take responsibility managing the team through the development process and be the primary contact for the team.

**TEAM MEMBER INFORMATION**

**1. Designated Team Leader for the Institute**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |
| **Address** |  |

**2. Supportive Service Partner (If you have more than one Support Service Partner, please add their information in the same format on a separate attachment.)**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Executive Director/President/CEO** |  |
| **Phone** |  |
| **Email** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Address** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |
| **Board Chair/President** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

**3. Housing Development Partner**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Executive Director/President/CEO** |  |
| **Phone** |  |
| **Email** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Address** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

**4. Property Management Partner**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **Executive Director/President/CEO** |  |
| **Phone** |  |
| **Email** |  |
| **Contact Person for this application** |  |
| **Title** |  |
| **Address** |  |
| **Phone (Please provide office and cell)** |  |
| **Email** |  |

Please attach a document describing any additional partners who will be involved in the project, but who may not attend the Institute or who you would like to invite to join the institute team but have not been included in the above categories.

**PROJECT CONCEPT**

**1. Site**

Please list up to three potential sites your team is considering for your project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address(s) or general location** | **Current Ownership** | **Does team have site control?** | **Vacant land or Rehab existing** | **Single- or Integrated** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2. Population**

Identify the population to be served by placing an “X” next to all that apply. Indicate the number of units for each population served if known.

Primary Population: Only one population to be served can be primary. If you plan to serve more than one, please describe in the narrative.

|  |  |  |
| --- | --- | --- |
| **Population** | **Applicable** | **# of Units** |
| Chronically Homeless |  |  |
| Frequent users of emergency systems |  |  |
| Vulnerable Persons |  |  |
| Homeless Families |  |  |

**3. Type of Supportive Housing Project (check appropriate box)**

|  |  |
| --- | --- |
| **100% Supportive housing** |  |
| **Integrated (25% of units supportive housing)** |  |

Please include a short narrative responding to each question listed below. Narrative must not exceed 10 pages typed in Times-New Roman 11 pt font.

**APPLICATION NARRATIVE**

1. **Organizational Mission**

* Briefly describe the vision and mission of each organization.
* For each organization, how does supportive housing relate to the organization’s mission?
* Do team organizations have a strategic/business plan? For each organization with a strategic/business plan, how does supportive housing align with that plan?

1. **Supportive Housing Goals**

* What are the team’s goals for the proposed supportive housing project?
* What is the team’s concept relative to size, scale, type (new construction or rehabilitation, if applicable) and design of housing?
* What is the anticipated target population for this project? If more than one, please explain.
* What service model do you envision for this project? Will services be mandatory or voluntary?
* How does the purposed supportive housing project match the community need? Please use data in describing community need.

1. **Supportive Housing Experience and Partnership**

* How was the team leader selected and what is his/her role in carrying out the responsibilities of the institute, securing funding and overseeing the process from institute to project completion. Will the team leader remain the point of contact after the institute and if not, who steps in?
* For each organization, please detail past experience in developing, providing, or managing supportive housing or serving the target population for supportive housing. If applicable, you may include a listing of projects as an attachment to this application
* Discuss any anticipated capacity concerns that you plan to address during the Institute.

**4. Collaborative Experience**

* Address how you will partner with appropriate health & service providers, local government, your local public housing authority and other public systems (e.g., jail, emergency departments, shelters, federally qualified health centers, and hospitals).
* What has been or will be the involvement of the Continuum of Care (Regional Planning Council on the Homeless for the BOS CoC) in this project?

**APPLICATION ATTACHMENTS**

Please submit the following documents in an electronic format along with your application:

1. Copy of 501(c)3 tax exemption for applicable partners.
2. Letters of commitment from project partners attending institute.
3. List of Board Members for the 3 primary team partners as applicable.
4. Letter of support from the City’s Community Development Director in your region.
5. Most recent audited financials and year-to-date current financials.

***Please note that if your team is accepted into the Institute, your team will be asked to provide the following by March 31, 2015:***

1. One registration check for a total of $1,000 to defer some of the cost of the entire team’s participation in the Institute
2. Board resolution and a letter from the Executive Director/President/CEO of project partners affirming commitment to participation in the Institute